

Ability Scotland Ltd Trading as Ability Care Services Housing Support Service

Ability Care Services
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Type of inspection:
Unannounced

Completed on:
16 August 2024

Service provided by:
Audrey Gilroy trading as Ability Care

Service provider number:
SP2004006346

Service no:
CS2004066423

About the service

Ability Care provides a combined housing support and care at home service to adults and older people living in their own homes.

The company office is located in Paisley and services are currently provided throughout the Renfrewshire area.

The registered manager and a team of 10 care staff were supporting 35 people using the service.

The provider is Audrey Gilroy trading as Ability Care. The provider is changing legal entity to Ability Care Ltd.

About the inspection

This was an unannounced inspection which took place on 6, 7, 8 August 2024 between 9:00 and 17:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and five of their family/friends
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

Key messages

People were supported by a skilled, dedicated staff team.

People were fully involved in directing their care.

People and their relatives told us they were happy or very happy with the service.

Staff training needed to improve including Adult Protection training.

Personal plans were person centred and fully involved people in compiling the plans.

Communication between the service and people supported and their relatives was good.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff demonstrated compassion and respect, knew people well, and we witnessed warm interactions. We were confident that people's dignity was respected, and their day-to-day needs were being met. People told us: 'the best thing is I can totally direct my own care' and 'having the same carers (everyday) helps me to feel safe with them'.

People told us they always knew who was coming to support them and that they could have a rota should they wish to have this. We saw pictures of people's core staff team contained in their personal plan. This was a good visual reminder of who would be supporting people. People's wellbeing and sense of worth was enhanced by staff who knew them well and who demonstrated the principles of the health and social care standards. Staff were dedicated to providing a good quality service, enjoyed their work and had remained with the service for a long period of time.

There was good use of technology for enhanced communication between people and staff. This meant people could direct their care and make their wishes known. People told us they were fully involved in decision making about their care with their choices respected.

We saw good practice where people's cultural needs were met, for example a pastoral visit to offer a person communion and live streaming of church services for people. People using the service were supported to keep in touch with their relatives and told us this was important to them.

People were getting the most out of life, fully supported by staff who encouraged people to explore their interests and aspirations. This was evident within people's personal plans and when speaking to them. People and relatives, we spoke with were all happy or very happy with their service.

Where there were changes to people's health, staff responded promptly and communicated this information to the right people including professionals and the office. External professionals involved with people commented that the service meets the needs of their clients well and the service is professional.

Personal plans sampled contained person-centred information and detailed what was important to individuals to enable staff to provide safe, effective and consistent care. This included personal risk assessments to assist staff and keep people safe. Personal plans fully involved people and were accessible to them within their own homes. The plans were updated regularly meaning staff were delivering current care and support.

There were plans in place to complete future plans with everyone using the service to ensure people needs, wishes and choices were respected. People's health benefitted from safe medication practices which were supported by robust medication policies.

We saw that people had been asked for their views to improve the service. These views were added to the service development plan. This meant people had a voice in improving their service.

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff and people who were supported told us managers were approachable and took action when needed. Managers were responsive throughout the inspection.

Staffing arrangements worked well for people and people knew who was supporting them. Everyone we spoke with liked the staff supporting them. Many of the staff had worked in the service for some time and knew people's needs well. Staff had detailed knowledge about specific health conditions and demonstrated enhanced communication skills when supporting people. We could see good relationships during our visits with staff supporting people effectively.

Staff were recruited safely, inducted well and the staff had opportunities to shadow and get to know people. Staff told us they felt valued, supported and happy and that the manager had an open-door policy to encourage discussion should staff feel they need to address any issues. Whilst we did not see a formal process or tool for assessing how many staff hours were needed, the rotas sampled demonstrated staff were deployed well to cover people's care and support.

A range of online training was offered to staff with good compliance rates and a number of staff had recently completed their relevant vocational qualification. However, the provider did not offer the staff current Scottish adult protection training, though there were policies and procedures in place to keep people safe. Training had been provided in line with English legislation. Staff should be trained in adult protection and be confident in knowing when and how to make an adult protection referral. See area for improvement 1.

Staff were clear in what their roles entailed. The service had a few vacancies for care staff and limited senior/office staff to support the manager. This meant the manager had to cover care and support as a contingency, leaving less time for oversight of the service. The provider was actively recruiting for additional staff. Whilst there was limited staffing, we looked at rotas and saw that people were getting their support and, when asked, positive outcomes from that support. A new system had recently been introduced which alerted the manager to late or missed visits. This safeguarded people who were unable to alert the office if staff were late for their support.

Whilst staff meetings had not taken place regularly all of the staff told us they were well supported informally and had access to supervision. Supervision records sampled were good though staff need opportunities to reflect and discuss their professional codes of practice, particularly as they did not have access to team meetings.

Steps should be taken to increase staff competency assessment and observations of practice. This would give assurance that staff were competent and practicing in line with best practice. We saw that staff were registered with the Scottish Social Services Council, their professional body. This meant people could be confident that staff followed a code of practice when delivering care and support. External professionals told us they felt the service was working well and delivering good outcomes for people they were involved with.

Areas for improvement

1. In order to improve understanding of Adult Support and Protection (ASP) processes, the provider should provide ASP training based on Scottish legislation, this is to ensure staff are clear about their responsibilities to report changing needs, risks and issues which might impact on people's wellbeing and safety.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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